



5
IT Corporation of North Carolina, Inc.

2200 Gateway Centre Boulevard, Suite 205

Morrisville, NC 27560-9122

Tel. 919.467.2227

Fax. 919.467.2299

A Member of The IT Group

January 24, 2001

Ms. Melanie Wells

DWM Winston-Salem Regional Office

c/o Guilford County Environmental Health

1100 E. Wendover Ave.

Greensboro, NC 27405

RE: Status of Public Notice
Former Summit Avenue Sunoco Station
1103 Summit Avenue
Greensboro, Guilford County, North Carolina
Groundwater Incident # 10141
Low Risk Classification
DUNS# 0276-0007

Dear Ms. Wells:

In accordance with the public notice requirements of 15A NCAC 2L .0115(k) IT Corporation of North Carolina (IT Corp), on behalf of Sun Company, has sent copies of the November 21, 2000 letter of 'Notice of No Further Action' to the appropriate persons associated with the above referenced site. A copy of the Notice of No Further Action letter for the Summit Avenue site was forwarded by Certified Mail or Airborne Express to the following: 1) the property owners and occupants identified in **Table 1**, 2) the Guilford County Health Department, and 3) the Greensboro City Manager.

IT Corp has received all of the certified mail return receipts with the exception of two returned from adjacent properties. Additional information was obtained for the return receipts that had not been received. One of the properties had no occupant and the other had changed owners. Public Notice was issued to the correct property owner by Airborne Express and confirmation of delivery was retrieved from the Airborne Express internet site.

According to the Notice of No Further Action, proof of receipt of the copies of the notice are to be provided to the DMW Winston-Salem office within 60 days of receipt of the notice by responsible party. As such, IT Corp is providing proof of receipt by Certified Mail and Airborne Express. A copy of the Notice of No Further Action letter and copies of the signed Certified Mail receipts and Airborne Express confirmation of delivery are included in **Attachment A**.

A large, stylized handwritten signature in black ink, appearing to read 'Melanie Wells', is written across the bottom of the page. Below the signature, there is a faint, circular stamp that is partially obscured.

IT Corp, on behalf of Sun Company, applied for Pre-Approval for well abandonment activities at the Summit Avenue site on January 16, 2001. Pending Pre-Approval and unless directed by the DWM Winston-Salem office to do otherwise, well abandonment activities will take place on February 19, 2001. A Site Map is provided as **Figure 1**. If you have any questions or need additional information please call Elizabeth Van Fleet at (919) 467-2227, ext. 225.

Sincerely,

The IT Corporation of North Carolina, Inc.



Elizabeth B. Van Fleet
Environmental Scientist



Steve Brown
Project Manager

Attachments

cc: Dan Shine – Sun Company
Files

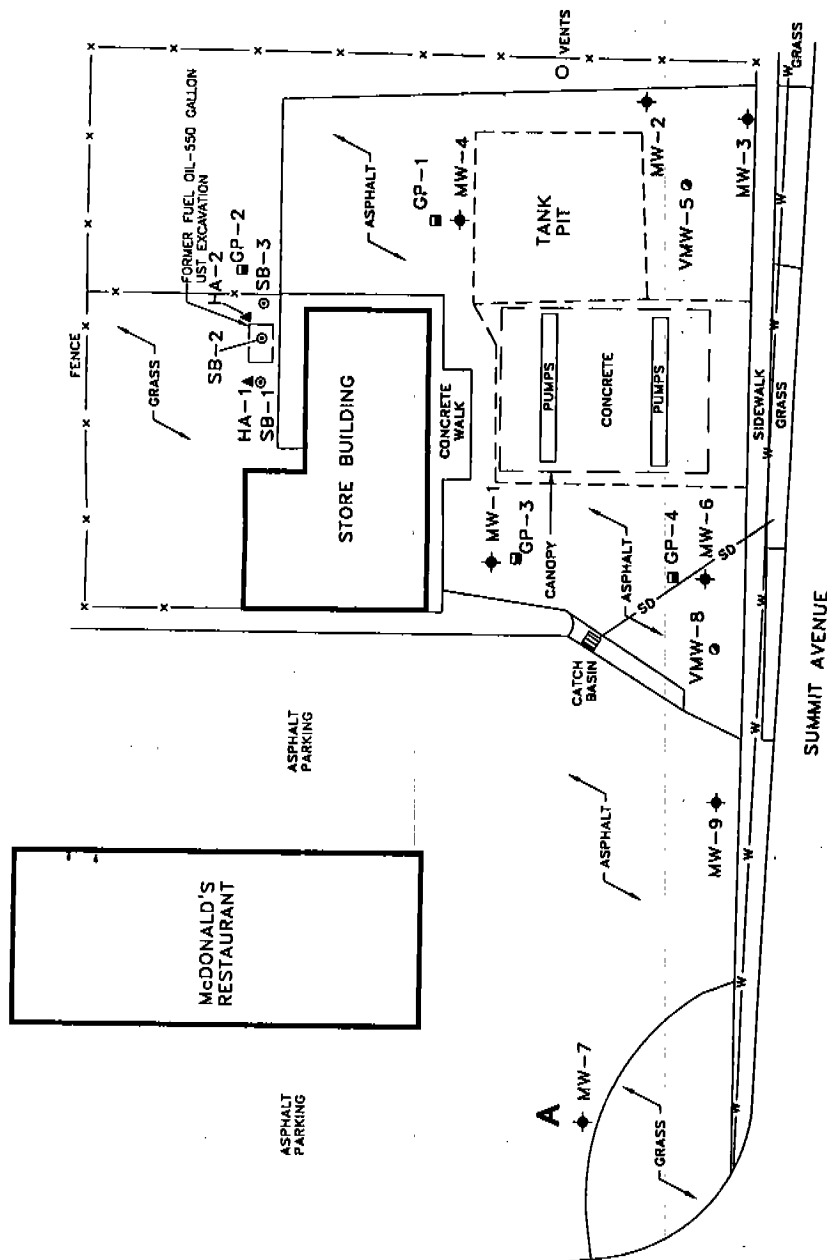
LEGEND

- MONITORING WELL
- VERTICAL DEFINITION MONITORING WELL
- UNDERGROUND STORM DRAIN
- UNDERGROUND WATER LINE
- SOIL BORING
- GEOPROBE BORING LOCATION
- HAND AUGER LOCATION

NOTE: OVERHEAD UTILITY LINES RUN PARALLEL TO SUMMIT AVENUE.



MW-10



SOURCE: JAMES L. HAINES & ASSOC. - 6/24/93 SURVEY

IT CORPORATION OF NORTH CAROLINA, INC. SUITE 1 MORRISVILLE, NC 27560 A Member of The IT Group (919) 487-2277

REV. NO.: DRAWING DATE: 10/14/98 ACAD FILE: 5445-SIT

GEOPROBE BORING LOCATION MAP

CLIENT:	SUN COMPANY, INC.	PM:
LOCATION:	1103 SUMMIT AVE. GREENSBORO, NC	PE/RC:
DESIGNED:	FKP/RHW	PROJECT NO.: 102595
PB		FIGURE: 2

Table 1
Property Owners and Occupants Contiguous to Site
Updated on January 9, 2001

Former Summit Avenue Sunoco
1103 Summit Avenue
Greensboro, NC
Duns #0276-0007

Tax ID	Owners Address	Occupant Address	Direction Relative to Site
0250-0003-006 (Site)	Mid-State Petroleum 1820 South Main Street Lexington, NC 27292	Summit Avenue Citgo 1103 Summit Ave. Greensboro, NC 27405	Site
0250-0003-007	Ben B. S. and Zallo Simmons 633 Mystic Drive Greensboro, NC 27406	Occupant 1107 Summit Ave. Greensboro, NC 27405	North and Northwest
0250-0003-004	Property Owner 1621 Round Hill Circle Kernersville, NC 27284	McDonald's 1101 Summit Ave. Greensboro, NC 27405	South and Southwest
0250-0003-002	M-192 P.O. Box 14986 Greensboro, NC 27415-4986	No Occupant	West
0250-0003-003	Eller Memorial Baptist Church 1200 4th St. Greensboro, NC 27405	Same as Owner	Northwest
0257-0001-004	Morris Reaves 1041 Summit Ave. Greensboro, NC 27405-7007	Same as Owner	South
0257-0002-039	Libby Hill Seafood 4517 W. Market St. #8 Greensboro, NC 27407-1229	Libby Hill Seafood Resturant 1100 Summit Ave. Greensboro, NC 27405	Southeast
0257-0002-040	Crown Stations, Inc. 1 North Charles St. Baltimore, Md 21201-3740	Summit Avenue Crown 1102 Summit Ave. Greensboro, NC 27405	East

ATTACHMENT A



NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT AND NATURAL RESOURCES
WINSTON-SALEM REGIONAL OFFICE
DIVISION OF WASTE MANAGEMENT
UST SECTION

November 21, 2000

CERTIFIED MAIL 7099 3220 0002 4081 7020
RETURN RECEIPT REQUESTED

Sunoco, Inc.
Attn: Mr. Daniel Shine
4041 Market Street
Aston, PA 19014

RE: Notice of No Further Action
15A NCAC 2L .0115(h)
RISK-BASED ASSESSMENT AND
CORRECTIVE ACTION FOR
PETROLEUM UNDERGROUND
STORAGE TANKS

(former) Summit Avenue Sunoco
1103 Summit Avenue
Guilford County
Incident No.10141
Low Risk Classification

Dear Mr. Shine:

On November 15, 1999, the Division of Waste Management (DWM) Winston-Salem Regional Office received a Soil Cleanup Report with Site Closure Request for the above-referenced site. A review of the report shows that soil contamination does not exceed the industrial/commercial maximum soil contaminant concentrations established in 15A NCAC 2L .0115(m) or the soil cleanup levels established by the Department in the "Groundwater Section Guidelines for the Investigation and Remediation of Soil and Groundwater" (March 1997)]. A review of the Soil Cleanup Report with Site Closure Request also shows that contaminated groundwater does not exceed gross contamination levels that were established in 15A NCAC 2L .0115(g).

Based on information provided to date, the DWM determines that no further action is required for this incident. **This determination is conditional pending**

585 WAUGHTOWN STREET, WINSTON-SALEM, NORTH CAROLINA 27107

PHONE 336-771-4600 FAX 336-771-4633

DENR CUSTOMER SERVICE CENTER 1-877-623-6748

AN EQUAL OPPORTUNITY / AFFIRMATIVE EMPLOYER - 50% RECYCLED/10% POST-CONSUMER PAPER

completion of the public notice specified below. Once proper public notice has been given, this determination will apply unless the DWM later determines that the discharge or release poses an unacceptable risk or a potentially unacceptable risk to human health or the environment.

Please be advised that because contaminated groundwater has not been restored to the level of the standard or interim standard established in 15A NCAC 2L .0202, groundwater within the area of contamination or within the area where contamination is expected to migrate, is not suitable for use as a water supply. Also be advised that because contaminated soil was not cleaned up to the residential maximum soil contaminant concentrations, the property containing soil contamination is not suitable for residential use (e.g., homes, day care centers, schools, recreation areas).

Pursuant to 15A NCAC 2L .0115(e), you have a continuing obligation to notify the DWM of any changes that you know of or should know of, that might affect the level of risk assigned to the discharge or release. Such changes include, but are not limited to, changes in zoning of real property, use of real property or the use of groundwater that has been contaminated or is expected to be contaminated by the discharge or release, if such change could cause the DWM to reclassify the risk. Please note that this responsibility not only pertains to changes involving the property on which the release occurred, but to changes involving the surrounding properties as well.

Please be advised that you must comply with the public notice requirements of 15A NCAC 2L .0115(k) as specified below. If public notice is not provided as required, this no further action determination will be deemed invalid. Within 30 days of receipt of this no further action notice, you must provide a copy of this notice to the following persons:

- local health director;
- chief administrative officer (i.e., Mayor, Chairman of the County Commissioners, County Manager, City Manager or other official of equal or similar position) of each political jurisdiction in which the contamination occurs;
- all property owners and occupants within or contiguous to the area containing contamination; and
- all property owners and occupants within or contiguous to the area where the contamination is expected to migrate.

Copies of this no further action notice must be sent to the persons listed above by certified mail. If it is impractical to provide notice by certified mail to the occupants of apartment buildings, condominiums, office buildings, etc., you may post a copy of this notice in a prominent place where the occupants are most likely to see it.

Within 60 days of receiving this no further action notice, you must provide the DWM Winston-Salem Regional Office with proof of receipt of the copy of the notice or of refusal by

the addressee to accept delivery of the copy of the notice. If a copy of the notice is posted, you must provide the DWM with a description of the manner in which the notice was posted.

Interested parties may examine the Soil Cleanup Report with Site Closure Request by contacting Mr. Phil Bradley, Staff Geologist with IT Corporation of North Carolina, Inc. at (919) 467-2227. In addition, the DWM Winston-Salem Regional Office has the Soil Cleanup Report with Site Closure Request along with other site information on file and available for public review. Interested parties may arrange to review this information by contacting the regional office as listed below. In addition, comments on the Soil Cleanup Report with Site Closure Request may be submitted to the regional office.

DWM Winston-Salem Regional Office
c/o Guilford County Env. Health
Attn: Melanie Wells
1100 E. Wendover Ave., Greensboro, NC 27405
(336) 373-3771

Please be advised that you must close any monitoring wells or injection wells used to investigate or remediate this incident in accordance with 15A NCAC 2C .0113 and .0214, respectively. For guidance on closure of infiltration galleries, please contact the Winston-Salem Regional Office.

Should you have any questions concerning this notice, please contact Melanie Wells at (336) 373-3771.

Sincerely,



Cindy H. Rintoul
Regional Supervisor

Attachments: 15A NCAC 2C .0113
15A NCAC 2C .0214
Well Abandonment Form

cc: Fay Sweat Incident No. 10141-Central Office
Guilford Co. Env. Health
WSRO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Mid-STATE PETROLEUM
1830 So. Main St.
Lexington NC 27292

Article Number (Copy from service label)

7099 3400 0004 3472 1378

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

Jackie Darrow 12-15-20

C. Signature

☒ Jackie Darrow ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Sent To:

Mid-STATE PETROLEUM

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Postage & Fees	\$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

St. No., or PO Box No.

1830 So. Main St.

City, State, ZIP+4

Lexington NC 27292

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Summit Avenue Citgo
1103 Summit Ave.
Greensboro, NC 27405

Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ [Signature] ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Summit Ave Citgo

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Total Postage & Fees	\$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

1103 Summit Ave

City, State, ZIP+4

Greensboro NC 27405

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Ben B. S. and Zallo Simmons
633 Mystic Drive
Greensboro, NC 27406

Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly)

B. Date of Delivery

C. Signature

☒ [Signature] ☐ Agent
☐ Addressee

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Sent To:

Ben B. S. + Zallo Simmons

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Postage & Fees	\$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

Ben B. S. + Zallo Simmons

St. No., or PO Box No.

633 Mystic Dr

City, State, ZIP+4

Greensboro NC 27406

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Occupant
1107 Summit Ave.
Greensboro, NC 27405

Article Number (Copy from service label)

3 Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *Zallo Summer* ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1101

Postal Service

CERTIFIED MAIL RECEIPT

Postage & Fees (Postage & Fees Only; No Insurance Coverage Provided)

Post To:

Postage \$.55
Certified Fee 1.40
Return Receipt Fee (if Required)
Delivery Fee (if Required) 1.15
Postage & Fees \$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

St. No. or PO Box No.

1107 Summit Ave

ZIP+4

Greensboro NC 27405

3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Property Owner
1621 Round Hill Circle
Kernersville, NC 27284

Article Number (Copy from service label)

3 Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *AJ* ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postal Service

CERTIFIED MAIL RECEIPT

Postage & Fees (Postage & Fees Only; No Insurance Coverage Provided)

Post To:

Postage \$.55
Certified Fee 1.40
Return Receipt Fee (if Required) 1.25
Delivery Fee (if Required)
Postage & Fees \$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

Property Owner

St. No. or PO Box No.

1621 Round Hill Circle

ZIP+4

Kernersville, NC 27284

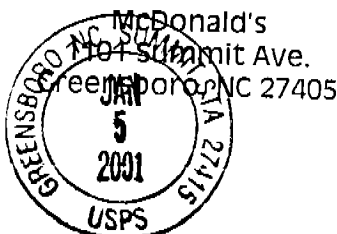
3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:



Article Number (Copy from service label)

3 Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature *McDonalds* ☐ Agent ☐ Addressee
D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

1091

Postal Service

CERTIFIED MAIL RECEIPT

Postage & Fees (Postage & Fees Only; No Insurance Coverage Provided)

Post To:

Postage \$.55
Certified Fee 1.40
Return Receipt Fee (if Required)
Delivery Fee (if Required) 1.15
Postage & Fees \$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

St. No. or PO Box No.

1107 Summit Ave

ZIP+4

Greensboro NC 27405

3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

M-192
PO Box 14986
Greensboro, NC 27415-4986

Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *L. H. Hulen*☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☒ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

To:

- 192

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Postage & Fees	\$ 3.20

Postmark Here

Please Print Clearly (to be completed by mailer)

No. or PO Box No.

0 Box 14986

ZIP+4

Greensboro, NC 27415-4986

PS Form 3800, July 1999

See Reverse for Instructions



IT Corporation of North Carolina
2200 Gateway Centre Boulevard, Suite
Morrisville, NC 27560-9122

A Member of The IT Group

Occupant

GI



- ☐ MOVED, LEFT NO ADDRESS
- ☐ NOT DELIVERABLE AS ADDRESSED
- ☐ UNABLE TO FORWARD
- ☐ ATTEMPTED-NOT KNOWN
- ☐ UNCLAIMED ☐ REFUSED
- ☐ NO SUCH STREET
- ☒ NO SUCH NUMBER
- ☐ INSUFFICIENT ADDRESS



7099 3400 0004 3972 1040

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Occupant

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Total Postage & Fees	\$ 3.20

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)

Street, Apt. No., or PO Box No.

1100 Walnut St

City, State, ZIP+4

Greensboro NC 27405

PS Form 3800, July 1999

See Reverse for Instructions

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Eiler Memorial Baptist Church
12004th St.
Greensboro, Nc 27405

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *Gay L. Olson*☐ Agent☐ AddresseeD. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☒ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

To:

Memorial Baptist Church

Postage	\$.55
Certified Fee	1.40
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	1.25
Postage & Fees	\$ 3.20

Postmark Here

Please Print Clearly (to be completed by mailer)

00 4th St

No. or PO Box No.

Greensboro NC 27405

ZIP+4

Greensboro NC 27405

PS Form 3800, July 1999

See Reverse for Instructions

SHIPMENT TRACKING REPORT

Airbill Number: 9485890433

1/16/01 at 2:04:19 PM

RETURN

AIRBORNE
EXPRESS®

Shipment Status

Picked Up: 01/09/01 Shipper's Door

Status: Delivered.

GREENSBORO, NC 01/11/01 12:35 PM

Delivery Attempted. If you are the receiver please call 1-888-273-8876. Please call 1-800-247-2676 ONLY if you are the sender.

GREENSBORO, NC 01/10/01 12:55 PM

Arrived at Airborne.

GREENSBORO, NC 01/10/01 05:56 AM

Left Airborne.

RALEIGH-DURHAM, NC 01/09/01 06:57 PM

Note: Status times reflect the time zone where the update took place.
Cities reflect the Airborne terminal servicing the area.

Delivered To: Left with Receptionist

Signatory: R SUMMERS

Shipper

IT CORPORATION OF NC
MORRISVILLE, NC 27560

Receiver

MORRIS REAVES
GREENSBORO, NC 27405

Shipment Detail

Service: Second day

Weight: 1

Pieces: 1

Ship Type: Letter Express

Description:

Reference: 102595 06608200

1 Sender Account Number 179479733		Preprint Format No. 84172738		4 Payment Sender will be billed unless marked otherwise Bill to: Receiver: 3rd Party <input type="checkbox"/> Paid in Advance <input type="checkbox"/> Check No. <input type="checkbox"/> Amount		Origin Airbill Number RDU 9485890433 Account # (Required if 3rd Party)		5 Service Type One box must be checked. Assumed Express unless noted. <input checked="" type="checkbox"/> Express (Letter - 150 lbs) <input checked="" type="checkbox"/> Next Afternoon (Letter - 5 lbs) <input checked="" type="checkbox"/> Second Day (Letter - 150 lbs)	
FROM (Company) IT CORPORATION OF NC		Street Address 205 2200 GATEWAY CENTRE BLVD		City MORRISVILLE		State NC		ZIP CODE (Required) 27560	
Sent by (Name/Dept) Beth Van Fleet		Phone 919-467-2227		6 # of Pkgs 1		7 Weight (LBS) 0.2		8 Packaging One box must be checked <input checked="" type="checkbox"/> Letter Express <input type="checkbox"/> Express Pack <input type="checkbox"/> Other Packaging	
TO (Company) Morris Reaves		Street Address 1041 Summit Ave		City GREENSBORO		State NC		ZIP CODE (Required) 27405	
Attention: (Name/Dept) R SUMMERS		Phone (Important)		Special Instructions <input type="checkbox"/> Saturday Delivery Extra charge Express only Not available to all locations <input type="checkbox"/> Lab Pack Service <input type="checkbox"/> Hold at Airborne		Declared Value <input type="checkbox"/> or <input type="checkbox"/> Full Insurance \$ 0.00		Shipment Valuation	
Description		Airborne Signature		Date		Time		Route No.	
3 Sender Signature Elaine H. H.		Date 1/9/01		Received At <input type="checkbox"/> Drop Box # <input type="checkbox"/> Airborne Terminal		Absent a higher shipment valuation, carrier's liability is limited to \$100 per package, or actual value, whichever is less. Special or consequential damages are not recoverable. See terms and conditions on reverse side of this non-negotiable airbill. SCAG-AIRB FED L.D. NO. 91-0837469		AIRBORNE EXPRESS®	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Libby Hill Seafood Restaurant
1100 Summit Ave.
Greensboro, NC 27405

Article Number (Copy from service label)

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *[Signature]*

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent
☐ Addressee
☐ Yes
☐ No

3. Service Type

☒ Certified Mail ☒ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

10/19

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Certified Mail Only; No Insurance Coverage Provided)

To: *Libby Hill Seafood Rest*

Postage \$.55
Certified Fee 1.40
Return Receipt Fee (if Required)
Additional Delivery Fee (if Required) 1.15
Postage & Fees \$

Postmark Here

Please Print Clearly (to be completed by mailer)

Apt. No. or PO Box No. 1100 Summit Ave
City, State, ZIP+4 Greensboro NC 27405
Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Libby Hill Seafood
4517 W. Market St. #8
Greensboro, NC 27407-1229

Article Number (Copy from service label)

Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

X *[Signature]*

D. Is delivery address different from item 1? If YES, enter delivery address below:

☐ Agent
☐ Addressee
☐ Yes
☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

11/94

U.S. Postal Service CERTIFIED MAIL RECEIPT

(Certified Mail Only; No Insurance Coverage Provided)

To: *Libby Hill Seafood*

Postage \$.55
Certified Fee 1.40
Return Receipt Fee (if Required)
Additional Delivery Fee (if Required) 1.15
Postage & Fees \$ 3.10

Postmark Here

Please Print Clearly (to be completed by mailer)

Apt. No. or PO Box No. 4517 W Market St #8
City, State, ZIP+4 Greensboro NC 27407-1229
Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Crown Stations, Inc.
1 North Charles St.
Baltimore, MD 21201-3740

2. Article Number (Copy from service label)

70943400 0004 3972 1163

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postal Service

CERTIFIED MAIL RECEIPT

(Certified Mail Only; No Insurance Coverage Provided)

Postage

To: Crown Stations Inc
Postage \$.55
Certified Fee 1.40
Receipt Fee (if Required)
Delivery Fee (if Required) 1.25
Postage & Fees \$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

No. or PO Box No. 710 Charles St
ZIP+4 21201-3740
Baltimore MD 21201-3740
800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Summit Avenue Crown
1102 Summit Ave.
Greensboro, NC 27405

Article Number (Copy from service label)

0987

PS Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
C. Signature
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Postal Service

CERTIFIED MAIL RECEIPT

(Certified Mail Only; No Insurance Coverage Provided)

Postage

To: Summit Ave Crown
Postage \$.55
Certified Fee 1.40
Receipt Fee (if Required)
Delivery Fee (if Required) 1.25
Postage & Fees \$ 3.20

Postmark Here

(Please Print Clearly) (to be completed by mailer)

No. or PO Box No. 1102 Summit Ave
ZIP+4 Greensboro NC 27405
800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Guilford County Healthy Dept.
Environmental Health Branch
Attn: Eric Ireland
1100 E. Wendover
Greensboro, NC 27405

Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

10259

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date

Source Stewart

C. Signature

X [Signature]

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Guilford Co Health Dept

Postage \$.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)

Attn: Eric Ireland

Street, Apt. No., or PO Box No.

1100 E Wendover

City, State, ZIP+4

Greensboro NC 27405

PS Form 3800, July 1999

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Greensboro City Hall
Greensboro City Manager
Attn: Ed Kitchen
301 W. Washington PO 3135
Greensboro, NC 27402

Article Number (Copy from service label)

S Form 3811, July 1999

Domestic Return Receipt

102595-00-M-0952

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery

[Signature] 12/15

C. Signature

X [Signature] ☐ Agent ☐ Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Greensboro City Hall

Postage \$.55

Certified Fee 1.40

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$ 3.20

Postmark Here

Name (Please Print Clearly) (to be completed by mailer)

Ed Kitchen

Street, Apt. No., or PO Box No.

301 W. Washington PO 3135

City, State, ZIP+4

Greensboro NC 27402

PS Form 3800, July 1999

See Reverse for Instructions